

# Dallas Theological Seminary 2017-2018 Student Health Insurance Plan

## Eligibility

All students taking **six (6) or more credit hours** and all **Doctor of Theology students taking three (3) or more credit hours** are *required* to purchase this insurance plan unless proof of comparable coverage is furnished by September 29, 2017.

All **International students taking one (1) or more credit hours** are required to purchase the insurance plan unless proof of comparable coverage is furnished by September 29, 2017.

A student must actively attend classes for at least the first 31 days after the date for which coverage is purchased unless he or she withdraws from classes due to an Injury or Sickness and the absence is an approved medical leave.

Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

Eligible students who have a change in status and lose coverage under another Health Care Plan are eligible to enroll for coverage under the Policy provided, within 31 days of the qualifying event. Go to [dts.myahpcare.com](http://dts.myahpcare.com) for more information on a Qualifying Event.

Please view the complete brochure on-line at [dts.myahpcare.com](http://dts.myahpcare.com) for full details of participation in the plan.



## Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

## Additional Information

- [dts.myahpcare.com](http://dts.myahpcare.com)
- 1-855-343-8384



The 2017-2018 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280 (2014)PPO TX. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.

2017DTS-OF  
AHP-OF(15) NGL-DTS

# Dallas Theological Seminary 2017-2018 Student Health Insurance Plan

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is Cigna.

## BENEFIT MAXIMUMS & DEDUCTIBLES

**Benefit Maximum** Unlimited, per Insured Person, per Policy Year

**Deductible** \$ 350 per Insured Person, per Policy Year

**Individual Out-of-Pocket Maximum** \$ 6,600 per Insured Person, per Policy Year

**Family Out-of-Pocket Maximum** \$ 13,200 per Family, per Policy Year

**\*Preventive Services:** The Deductible is not applicable to Preventive Services. Benefits for services provided by a Network Provider are paid at 100% of the PPO Allowance of Covered Medical Expenses. Benefits for services provided by a Non-Network Provider are provided at the Coinsurance Amount shown below.

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Reasonable Charges</i>
<b>Hospital Room and Board Expense</b>	80%	50%
<b>Inpatient/Outpatient Surgery</b>	80%	50%
<b>In-Office Physician Fees</b> <i>\$30 Copayment per visit (plan deductible does not apply)</i>	80%	50%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	50%
<b>Emergency Services Expense</b> <i>\$100 Copayment per visit</i>	80%	80%
<b>Prescription Drugs</b> <i>Limited to a 30 day supply</i>	At pharmacies contracting with HealthSmart RX® 100% after a \$20 Copayment per Generic Drug \$40 Copayment per Preferred Brand Drug \$60 Copayment per Brand Drug	50% after a \$20 Copayment per Generic Drug \$40 Copayment per Preferred Brand Drug \$60 Copayment per Brand Drug

\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information.

## 2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/15/2017 through 08/14/2018	Fall 08/15/2017 through 12/31/2017	Spring/Summer 01/01/2018 through 08/14/2018	Summer 05/09/2018 through 08/14/2018
<b>Open Enrollment</b>	08/01/2017 through 10/02/2017	08/01/2017 through 10/02/2017	12/01/2017 through 01/30/2018	05/01/2018 through 06/25/2018
<b>Student</b>	\$ 2,195	\$ 837	\$ 1,358	\$ 589
<b>Spouse</b>	\$ 2,195	\$ 837	\$ 1,358	\$ 589
<b>Child</b>	\$ 2,150	\$ 819	\$ 1,331	\$ 577

To view all enrollment and coverage periods available, please visit [dts.myahpcare.com](http://dts.myahpcare.com) or call Academic HealthPlans at 1-855-343-8384.